

## Erasmus+ Verlängerungsantrag

**Bitte beachten Sie: Dieser Antrag auf Verlängerung ist nur in Verbindung mit einem durch alle drei Parteien unterzeichnetes *Learning Agreement Part II (During the Mobility)* gültig.**

|  |  |
|--|--|
| Akademisches Jahr   Academic Year:                   |  |
| Fakultät der UHH   Faculty at UHH:                   |  |
| Fachbereich der UHH   Department at UHH:             |  |
| Programmbeauftragter an der UHH   Supervisor at UHH: |  |

### Daten des Studierenden | The Student

|  |  |
|--|--|
| Nachname, Vorname   Last name, first name:     |  |
| UHH-Matrikelnummer   UHH Matriculation number: |  |
| E-Mail-Adresse   Email address:                |  |

### Aufenthalt an der Gasthochschule | Study Abroad Period at the Host University

|  |                                    |
|--|------------------------------------|
| Gasthochschule   Host Institution:   |                                    |
| Programmbeauftragter an der Gasthochschule   Supervisor at Host Institution: |                                    |
| Bewilligter Aufenthalt   Period of Admission:                                | von   from _____ bis   until _____ |
| Verlängerung beantragt   Extension applied for:                              | bis   until _____                  |

### Begründung der Verlängerung | Reasons for Extension

|  |
|--|
|  |
|--|

### Unterschrift des Studierenden | Student Signature

|                           |                           |
|---------------------------|---------------------------|
| Ort, Datum   Place, date: | Unterschrift   Signature: |
|---------------------------|---------------------------|

### Bestätigung der Gasthochschule | Confirmation by Host Institution

I herewith confirm that we have no objections against the student's proposed extension of stay and that we will grant her/ him the admission as Erasmus student for the full period applied for. In case the extension of stay exceeds the contingent of students/ months laid down in our bilateral agreement with the Universität Hamburg, we agree to a raise of the contingent. This raise is limited to this single case and does not create any precedent for future years.

|                           |                           |
|---------------------------|---------------------------|
| Ort, Datum   Place, date: | Unterschrift   Signature: |
|---------------------------|---------------------------|



## Higher Education Learning Agreement for Studies Für Verlängerungen Part II: During the Mobility

**In case of extension of stay this document must be signed by all parties, completed and uploaded four weeks before the end of the originally planned stay abroad.**

| <b>Name of the student:</b> _____   |   |  |                                      |                                |  |
|---|---|--|--------------------------------------|--------------------------------|--|
| <b>Planned period of mobility:</b> from ( <i>month/year</i> ) to ( <i>month/year</i> )  |   |  |                                      |                                |  |
| <b>Exceptional changes Table A</b><br>(to be approved by signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution) |   |  |                                      |                                |  |
| Component code (if any)   | Component title at the Receiving Institution (as indicated in the course catalogue) | Deleted component (tick if applicable) | Added component (tick if applicable) | Reason for change <sup>1</sup> | Number of ECTS credits (or equivalent) |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
| <b>During the mobility:<br/>Table A2</b>  |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |                                |  |
| <b>Total:</b>   |   |  |                                      |                                |  |

<sup>1</sup> Reason for change: exceptional changes to study programme abroad (choose an item number from the table below).

| Reasons for deleting a component  | Reasons for adding a component     |
|---|------------------------------------|
| 1 Previously selected educational component is not available at the Receiving Institution | 5 Substituting a deleted component |
| 2 Component is in a different language than previously specified in the course catalogue  | 6 Extending the mobility period    |
| 3 Timetable conflict  | 7 Other (please specify):          |
| 4 Other (please specify):   |                                    |



Higher Education  
Learning Agreement for Studies  
Part II: During the Mobility

| <b>Exceptional changes Table B (if applicable)</b>  |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| (to be approved by signature by the student and the responsible person in the Sending Institution ) |   |  |                                      |  |
| Component code (if any)   | Component title at the Sending Institution (as indicated in the course catalogue) | Deleted component (tick if applicable) | Added component (tick if applicable) | Number of ECTS credits (or equivalent) |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
| <b>During the mobility:<br/>Table B2</b>  |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   | <input type="checkbox"/>               | <input type="checkbox"/>             |  |
|   |   |  | <b>Total:</b>                        |  |

| Commitment                                      | Name | E-mail | Position | Date | Signature |
|---|------|--------|----------|------|-----------|
| Student   |      |        | Student  |      |           |
| Responsible person at the Sending Institution   |      |        |          |      |           |
| Responsible person at the Receiving Institution |      |        |          |      |           |